

SATISFACTORY ACADEMIC PROGRESS APPEAL

PRINT OR TYPE THE FOLLOWING:

NAME: _____ SSN: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

ACADEMIC SEMESTER(S)/YEAR FOR WHICH AN APPEAL IS BEING REQUESTED
FALL _____ SPRING _____ SUMMER _____
Disqualified due: to a GPA less than 2.0 semester. failure to meet unit completion requirements.
 completion of 90 or more units.

SECTION I:

STUDENT'S STATEMENT OF APPEAL

PRINT OR TYPE THE FOLLOWING:

Please state/describe why you are seeking an appeal and the nature of the extenuating circumstances, which contributed towards inability to maintain the academic progress standards. Use additional sheets if necessary.

What steps have you taken to ensure that you maintain satisfactory academic progress in the future?

I agree to provide additional information if requested by the Financial Aid Office personnel or independent 3rd party verification to further substantiate my appeal.

Student's Signature

Date

FINANCIAL AID OFFICE USE ONLY

The Student Has Provided:	Student Has Completed:	Specialist/Director's Comments:
____ Statement of appeal	____ Total units	Approved _____ Not Approved _____
____ 3 rd party verification	____ Units toward major	_____
____ Academic plan	____ Cum GPA	_____
____ Other	____ # of program changes	_____

FAO SIGNATURE _____

ACADEMIC COUNSELOR'S EVALUATION

PRINT OR TYPE THE FOLLOWING:

PROGRAM OF STUDY: _____ DEGREE AA CERTIFICATE

SECTION II:

Students who fail to meet the cumulative 2.0 standard GPA as well as successfully complete core and required units for their declared program of study, are placed on a probationary or disqualification status.

An exception to this policy may be considered if the student is able to state and provide adequate documentation to substantiate the extenuating circumstances that may have contributed towards the failure of the student to maintain satisfactory academic progress. Check one of the following:

- 1. A documented case of medical problem(s).
- 2. A documented death of an immediate (mother, father, sister, brother...family member).
- 3. A documented case of personal trauma (mental, sexual, physical or spousal abuse).
- 4. Effects of documented natural disaster which affected the student's ability to complete the courses for which the student was paid.
- 5. Other: Explain the nature of the student's problem. Use additional sheets if necessary.

Did student provide actual documentation to the counselor for the above extenuating circumstances. Yes/No

ACADEMIC COUNSELOR'S RECOMMENDATION

Please include a TWO-Semester Student Educational Plan

Signature/Academic Counselor/Extension

Date

**3RD PARTY STATEMENT/VERIFICATION FROM A
PROFESSIONAL SOURCE**

To be provided for third party verification to document extenuating circumstances listed on Section II

PRINT OR TYPE THE FOLLOWING (Black INK only):

NAME OF STUDENT: _____ SSN: _____

STUDENT'S RELEASE OF INFORMATION

I authorize the release of any and all information that may be required by the Financial Aid Office of San Joaquin Delta Community College to support my request of an academic appeal.

Student's Signature

Date

SECTION III:

TO WHOM IT MAY CONCERN:

The above named student has been placed on financial aid probation/disqualification for failure to meet the required academic standard. The student wishes to appeal this status and has indicated that there have been mitigating circumstances for the semester(s) in which the student failed to meet the minimum academic standards. As part of the appeal process, the student has requested that you provide independent, professional 3rd party verification as to the nature of the circumstance. By signing the Release of Information, the student has authorized you or your agency to assist them through this process.

On your letterhead/stationery please address the following – if you choose to use this form, attach additional sheets:

1. Please indicate your title, your professional address, telephone number and length of professional association between you and the student/client. Please be specific as the dates of professional contact.

Please explain the nature/history of the student/client's problem.

2. Please indicate the type of support or treatment provided to student/client by you or your organization.

3. Was the course of action that you/your agency described, adhered to by the student/client? What was the end result?

4. Do you feel that this problem has been resolved? Is there anything else that you feel is relevant to the student's case?

Signature/Title of Professional/Phone

Date